| No. C 94101 | Due no later than December 31, 20 | 2. Registered Agent and Office NO PO BOX |
|--|---|---|
| Return to: SECRETARY OF STATE | Annual Report Form 11. Mailing Address - Correct in this box, if applic | DR. KENT PRESSMAN, M.D. 900 CANYON RUN BLVD. |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | EMERGENCY PHYSICIANS OF SOUTHERN ID DR. KENT PRESSMAN, M.D. PO BOX 4570 KETCHUM, ID 83340 | KETCHUM ID 83340 |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 3. New Registered Agent Signature |
| Corporations: Enter Nam | nes and Business Addresses of President, Se | ecretary and Directors. |
| Office held Name | Street or P.O. Address | City State Zip |
| Kent Pressment | PO Box The | Ketchen 20 83340 |
| PLILA NO | dow fo for his | Ketchen ID 83340 |
| Secy Keuw 1 | Lead 4155 medow hodge Curcle | Tum Fells 10 63301 |
| fres Eric Cus | sidy lovy my view | 10688 DE ELLA WIT |
| UP Chad CA | in 3k43 cayou hobbe w | Tum fulls ID 83301 |
| 5. Organized Under the Laws of: | 6. Signature | 12/8/06 |
| IDAHO C 94101 | Name Printed KENT PRESS | MAN Title DIRECTOR |
| Issued 10/02/2006 | Do Not Tape or Staple | 200612005881 |

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